

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34771

State File No.

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| BIRTH NO. | | REG. DIST. NO. <u>133</u> | | PRIMARY REG. DIST. NO. <u>3022</u> | | Registrar's No. <u>110</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Harrison</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethany</u> c. LENGTH OF STAY (in this place) <u>21 hours</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Bethany Hospital & Clinic</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethany</u> d. STREET ADDRESS (If rural, give location) | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIE</u> b. (Middle) <u>-</u> c. (Last) <u>VANDIVER</u> | | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 4, 1952</u> | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>April 20, 1888</u> | |
| 9. AGE (In years last birthday) <u>64</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u> | | 11. BIRTHPLACE (State or foreign country) <u>U.S.A.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Building and construction</u> | | 11. BIRTHPLACE (State or foreign country) <u>Harrison County, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Wesley Vandiver</u> | | 13b. MOTHER'S MAIDEN NAME <u>Julia Edwards</u> | | 14. NAME OF HUSBAND OR WIFE <u>Effie Vandiver</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>495-10-1886</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Effie Vandiver, Bethany, Mo.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolus</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last: DUE TO (b) <u>Traumatic Shock</u> DUE TO (c) <u>Crushing injury right hip with comminuted subtrochanteric fracture</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic alcoholism</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u> <u>10 hours</u> <u>21 hours</u> <u>20 years</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>11-3</u> , 19 <u>52</u> , to <u>11-4</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>11-4</u> , 19 <u>52</u> , and that death occurred at <u>7:05 a.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Leonard R. Lee, M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>Bethany, Mo.</u> | | 23c. DATE SIGNED <u>11-5-52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Nov. 6, 1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Monson Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Bethany, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>11-7-52</u> | | REGISTRAR'S SIGNATURE <u>Zola Burris</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark L. Bouth</u> | | ADDRESS <u>Bethany, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 25 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Clark L. Foutch

Licensed Embalmer No. *4831*

P. O. Address *Bethany, Md*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.